

ZFW



| <b>AMENDMENT TRANSMITTAL LETTER</b>                                                                                                                                                              |                                           |                                         |                                   | Docket No.<br>H0006156 (2929-0255P) |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|-------------------------------------|-------------|
| Application No.<br>10/764,149-Conf. #8154                                                                                                                                                        | Filing Date<br>January 23, 2004           | Examiner<br>M. Colaanni                 | Art Unit<br>1732                  |                                     |             |
| Applicant(s): Mark L LA FOREST et al.                                                                                                                                                            |                                           |                                         |                                   |                                     |             |
| Invention: BINDERLESS PREFORM MANUFACTURE                                                                                                                                                        |                                           |                                         |                                   |                                     |             |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>                                                                               |                                           |                                         |                                   |                                     |             |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.                                                      |                                           |                                         |                                   |                                     |             |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                                         |                                           |                                         |                                   |                                     |             |
|                                                                                                                                                                                                  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                                |             |
| Total Claims                                                                                                                                                                                     | 11                                        | - 20 =                                  |                                   | x                                   |             |
| Independent<br>Claims                                                                                                                                                                            | 2                                         | - 3 =                                   |                                   | x                                   |             |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>                                                                                                                         |                                           |                                         |                                   |                                     |             |
| Other fee (please specify):                                                                                                                                                                      |                                           |                                         |                                   |                                     |             |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                                                                                                                                                  |                                           |                                         |                                   |                                     | <b>0.00</b> |
| <input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>                                                                  |                                           |                                         |                                   |                                     |             |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.                                                                                                            |                                           |                                         |                                   |                                     |             |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.                                                       |                                           |                                         |                                   |                                     |             |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.                                                                                                                          |                                           |                                         |                                   |                                     |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                      |                                           |                                         |                                   |                                     |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed. |                                           |                                         |                                   |                                     |             |
| <input checked="" type="checkbox"/> Credit any overpayment.                                                                                                                                      |                                           |                                         |                                   |                                     |             |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.                                                             |                                           |                                         |                                   |                                     |             |
| <br>D. Richard Anderson<br>Attorney Reg. No.: 40,439                                                                                                                                             |                                           |                                         |                                   | Dated: <u>April 28, 2006</u>        |             |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8035                                             |                                           |                                         |                                   |                                     |             |



BSKB Docket No.: 2929-0255P  
Honeywell Docket No.: H0006156

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Mark L LA FOREST et al.

Application No.: 10/764,149

Art Unit: 1732

Filed: January 23, 2004

Examiner: M. Colaianni

For: BINDERLESS PREFORM MANUFACTURE

**AMENDMENT & ELECTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INTRODUCTORY COMMENTS**

Responsive to the Office Action of April 14, 2006, please enter the following amendments and remarks into the file of the above-identified application.

This response includes:

Amended Claim Set; and

Remarks.